



## UNFPA Country Programme 2021-2025

### Key achievements during the reporting period

#### Project data

MPTF Gateway ID	00112174
Geographical coverage	Somalia (all Federal Member States)
Project duration	2021-2025
Total approved budget	USD 203,500,000 (2021-2025)
Programme funding level	
Estimated delivery rate	
Participating UN entities	United Nations Population Fund (UNFPA)
Implementing partners	UNFPA
Project beneficiaries	Somali people
NDP pillar	Pillar 4: Improved social and human development
UNCF Strategic Priority	Strategic Priority 4: Social Development
SDG	 
Gender Marker	
Related UN projects within/outside the SJF portfolio	
Focal person	Mr. Victor Valdivieso- Deputy Representative

<b>Total Budget as per ProDoc</b>	USD 44.7 million (2018-2020)
MPTF: UDC46	USD 39.4 million (2018-2020)
Non-MPTF sources:	<ul style="list-style-type: none"> <li>a) UNFPA Maternal Health TF: USD 225,026 (2018) and USD 308,759 (2019)</li> <li>b) Dept. for International Development (DFID): USD 1,350,672 (2018) and USD 1,682,015 (2019)</li> <li>c) European Union: USD 1,934,204 (2020)</li> <li>d) United Nations Central Emergency Response Fund (CERF): USD 500,000 (2018) and USD 2,199,999 (2019)</li> <li>e) Global Joint Programme on FGM: USD 250,001 (2019); USD 419,975 (2020)</li> <li>f) UNAIDS UBRAF: USD 65,526 (2019); USD 57,008 (2020)</li> </ul>

	g) Canada: USD 1,468,652 (2020) h) UNAIDS UBRAF: USD 65,526 (2019); USD 55,000 (2020) i) UNFPA Emergency Funds: USD 738,300 (2020) UNFPA Humanitarian Trust Fund (2020): USD 702,478 (in-kind)
--	---

**Report submitted by:**

	PUNO	Report approved by:	Position/Title	Signature
1	UNFPA	Anders Thomsen	Country Representative	
2				

Total MPTF Funds Received				Total non-MPTF Funds Received		
PUNO	Semi Annual 2021 (1)	Cumulative	Annual 2021	Semi Annual 2021 (1)	Cumulative	Annual 2021
UNFPA	1 Jan. - 31 June 2021	From prog. start date	1 Jan – 31 Dec 2021	1 Jan. - 31 June 2021	From prog. start date	1 Jan – 31 Dec 2021
	0	49,437,501	0	0	18,969,120	0
JP Expenditure of MPTF Funds <sup>1</sup>				JP Expenditure of non-MPTF Funds		
PUNO	Semi Annual 2021 (1)	Cumulative	Annual 2021	Semi Annual 2021 (1)	Cumulative	Annual 2021
	1 January - 31 June 2021	From prog. start date	1 Jan – 31 Dec 2021	1 January - 31 June 2021	From prog. start date	1 Jan – 31 Dec 2021
<b>Semi Annual</b>	5,264,909	46,802,318	5,264,909	0	15,737,335	0
<b>Annual</b>	5,264,909	49,384,000	9,155,925.47	0	15,737,335	0

## Section 1: Executive summary

### Brief introduction to the project

The UNFPA new country programme 2021-2025 was developed in consultation with the Federal Government of Somalia, Federal Member States, United Nations agencies, development partners, donors, civil society organisations and the youth advisory board. The Programme is aligned to the National Development Plan (NDP9); Federal Member States plans; the UNFPA Strategic Plan, 2018-2021; the Common Country Assessment; the United Nations Sustainable Development Cooperation Framework (UNSCDF); the Management and Accountability Framework; the 2030 Agenda for Sustainable Development; the commitments on accelerating the ICPD made by the Somali Government at the Nairobi Summit; the Somali Reproductive, Maternal, Newborn, Child and Adolescent Health Action Plan; the National Youth Policy and Family Planning 2020 Action Plan; the Essential Package of Health Services 2020, Somali Midwifery Strategy Document 2019-2024, Somalia Human Resources for Health Policy; and the Somali Road Map for Achieving Universal Health Coverage by 2030. The programme will build on past achievements and lessons learned; employ flexible strategies within the humanitarian, development and peace nexus; and adjust to the existing and emerging realities of federalism.

The overall goal of the programme is to improve the health, well-being and rights of women, adolescents and youth, and the most vulnerable populations. To successfully contribute to the implementation of NDP9, UNFPA will adopt a context-specific four-by-five strategy, with a focus on achieving four transformational results supported by five strategic enablers. The four transformational results for UNFPA Somalia are: (a) zero preventable maternal deaths; (b) zero unmet need for family planning; (c) zero GBV; and (d) zero FGM.

### Situation update / Context of the reporting period

Somalia's humanitarian situation remains concerning. Almost half of the Somali population needs humanitarian aid. About 2.9 million people remain displaced from their homes; while 2.8 million will need urgent food assistance by September 2021; a million children are malnourished. The humanitarian situation has been aggravated by a double climate disaster - drought in some parts of the country and flooding in others - and the impact of political tensions, COVID-19 and the worst desert locust infestation in years. Supporting the continuity of essential and lifesaving services for health and GBV remains UNFPA's key priorities in 2021. During the reporting period UNFPA Somalia supported sexual and reproductive health services, prevention and response to gender-based violence (GBV), and mental health and psychosocial support response for women, adolescent girls as well as men and adolescent boys affected by crises. The capacity of UNFPA partners is strengthened to support GBV survivors, who typically contend with both mental and physical repercussions. Responding to these issues requires health facilities and mobile clinics to provide discreet services to support maternal and newborn health, birth-spacing options, and clinical management of rape services. Safe spaces for women, girls and young people and one-stop centres for survivors of GBV offer mental health and psychosocial services. Moreover, UNFPA ensures that implementing partners (IPs) adhere to precautionary and preventive measures against COVID-19 by using personal protection equipment (PPE), including hand gloves and masks. The environment where services are delivered is adequately sanitised. UNFPA continues coordination with the Ministry of Health (MoH) and other key line Ministries and actively advocates for efforts to provide SRH services during the COVID-19 pandemic.

### Highlights of the project during the reporting period

1. UNFPA supported life-saving sexual and reproductive health services across the country at 23 comprehensive emergency obstetric care centers and 32 basic emergency obstetric care centers despite the challenges brought about by the ongoing COVID-19 pandemic; as well as the operations and functioning of 13 midwifery schools across the country with currently 526 midwifery students undergoing training.
2. UNFPA contributed to the area of gender/GBV through legislative advocacy, improving opportunities for GBV data protection and generation, and achieving a 30% quota for women in the forthcoming elections. UNFPA facilitated inter-Ministerial, UN and Civil Society Organization (CSO) stakeholder collaboration that led to the

successful passage of the zero FGM bill by the Cabinet in Puntland State. UNFPA through its Gender/GBV units facilitated inter-Ministerial, UN and CSO stakeholder collaboration that led to the successful passage of the zero FGM bill by the cabinet in Puntland state which is due to be presented for parliamentary approval.

3. UNFPA contributed to the standardisation of operational protocols and standards for GBV safe shelters in Somalia. Furthermore, UNFPA also supported the production of the first Voices Report of Somalia.
4. The youth programme contributed to the overall social economic empowerment of youth by supporting safe youth-friendly spaces that provide integrated health, social and economic empowerment coupled with in-reach and outreach awareness on child marriage, HIV, and adolescent sexual and reproductive health, among other areas.
5. The following knowledge products were finalized and launched: (i) Somali Health and Demographic Survey (SHDS) state level reports for Galmudug and Banadir; Hirshabelle (HSHDS) and Jubaland (JHDS) (ii) Somaliland COVID-19 Socio-Economic Impact Assessment; (iii) Civil Registration and Vital Statistics (CRVS) Country Profile for Somalia; (iv) In-depth study reports on Female Genital Mutilation (FGM) and GBV for Puntland and Somaliland; and (v) SHDS paper on determinants of child nutritional status in Puntland. More efforts were paid for the census making in Somalia with regional support from UNFPA Arab States regional office as well as from UNFPA headquarters, too.

### **Summary of key achievements during the reporting period**

#### **Sexual Reproductive Health (SRH):**

During the 2021 reporting period, despite the COVID19 outbreak, a total of 165,249 women had normal deliveries at 23 CEmONC and 32 BEmONC centres across the country. A total of 504,290 women utilised at least one antenatal care visit. 7,982 pregnancies underwent C-section as a lifesaving procedure, while 8,814 were managed for various obstetric complications across the country. In order to improve the quality of services UNFPA procured maternal lifesaving drugs such as Oxytocin, Misoprostol, Magnesium Sulphate, Calcium Gluconate and delivered them to the health facilities.

With support by UNFPA 237 obstetric fistula survivors received surgical repair which were 98% successful, as there was no leak of urine and/or faeces after the surgery. 137 women among the survivors received the social reintegration services part of the fistula management package. 132 midwifery students were enrolled in 13 Midwifery Schools supported with UNFPA support in 2021, while 85 midwifery graduates have graduated out of these schools in the same year. A total of 592 midwifery students were enrolled with the 13 Midwifery Schools supported by UNFPA in 2021. UNFPA supported the review of the Midwifery Curriculum and updated with rights-based approach to maternity care including women's right to self-decision making, HIV/AIDS counselling and counselling/education on prevention of female-genital mutilation (FGM). UNFPA developed an online repository of relevant teaching and learning resources for midwifery tutors working in close collaboration with national and international stakeholders, including the Canadian Association of Midwives, CAM. This online repository will accompany the finalised midwifery curriculum that is awaiting endorsement.

A maternal health user-friendly mobile app's development was initiated in 2021. In addition, this year UNFPA supported the operationalization of the maternal & perinatal death surveillance and response (MPDSR) program. National MPDSR tools were reviewed and updated by the national MPDSR taskforce in a consultative workshop. A pilot of 6 hospitals in Mogadishu applied the tools for a 2-month period.

Within the interventions under the Family Planning programme, UNFPA continues to be a leader in furthering SRH services in Somalia as part of its global leadership roles. UNFPA has increased its resources for procurement of family planning and life-saving maternal health medical supplies and commodities.

Somalia has been identified as a recipient of a global commodities supplies partnership program through UNFPA headquarters support. In the same context, the percentage of health facilities providing services with human-rights protocols has increased to more than 80% from a 2020 baseline of 68%. UNFPA has conducted 9 outreach campaigns and reached 21,400 people with SRH/FP messages and services to create demand for the integrated SRH/FP. Furthermore, a high-level advocacy meeting attended by 32 participants from the government, religious leaders, civil society & UN bodies emphasised the importance of FP in the reduction of maternal and neonatal mortality and morbidity. An integration of FP services into the essential package of health services (EPHS) was underlined in the advocacy discussions. A need to enhance the positive attitude of health care providers towards family planning use and values clarification of the health care workers to increase the uptake was also discussed.

Within the support of the technical capacity in SRH and FP which is an important goal for UNFPA to support the government's NPC-9 goals and harmonise with the essential package of health services that was revised by the government of Somalia, Ministry of Health. 36 health care workers were trained in Balanced Counseling Strategy Plus (BCS+) methodology as an important counselling tool for family planning services. A total of 113 health care providers were trained in comprehensive family planning / Birth Spacing skills from the South West State, Galmudug State and Mogadishu Capital region (Banadir region). 30 more health service providers were trained in Puntland State of Somalia and 25 in Somaliland making a total health service providers trained within the year 2021 to provide modern contraceptive methods to 168. As a result, a total of 39,341 received modern contraceptives from UNFPA supported facilities in Somalia and Somaliland. Additionally, in Supply Chain Management and to ensure that there are no stock outs and SRH/FP supplies have reached the last mile, logistic information management is the key. UNFPA has trained 25 pharmacists and warehouse managers on the national logistic management information system (LMIS) to accurately and timely report consumption and stock status data to avoid stock outs and improve rational drug use.

### **Adolescent and Youth**

UNFPA has been implementing the Dalbile Youth Initiative, a nationwide comprehensive programme to support youth entrepreneurship and employment generation. During the reporting period, social initiative Bootcamps have directly trained 1,569 young people (800 males and 769 females) along with 68 financed promising start-ups, which were awarded grants to initiate their business models and concepts. In Galmudug, about 76 per cent of the graduates were females. This financial support came as a result to the established Dalbile Youth Fund, which financed those initiatives and benefited the 1,569 youth with employment creation, digital literacy for 139 young girls; as well as Mentorship, Life Skills and Employability training for 360 young people. The Dalbile Youth Dialogue was done in Mogadishu, Kismayo, Jowhar, Dhusamareb, Bosaso and Barawe on the role of youth in civic spaces, challenges facing youth start-ups, among other topics. More than two million impressions across the Dalbile youth initiative's digital platforms were recorded, with 70 percent below 35 years of age of the engaged population.

Additionally, in close coordination with the Ministry of Youth and Sports, in both the Federal Government and in Federal Member States, as well as the United Nations Interagency Working Group on Youth, UNFPA reviewed and evaluated the retiring national youth policy (2017-2021) and developed a revised national youth policy and action plan for 2022-2026.

Annual Mogadishu Technology Summit was organised with an overarching goal to highlight local tech talent and honour Somali innovators and entrepreneurs. With over 5,000 young men and women, from all the regions of Somalia and outside Somalia participated.

In total around 50,000 young people were reached directly within the peace and security component, while more than 200,000 were reached indirectly through different approaches such as media means and electronic messages.

Youth peace and security was supported tremendously by UNFPA during 2021 through several campaigns and tournaments that took place in Mogadishu, Garowe and other regions to enhance the role of the youth

in the peace building and security as well as the reconciliation and reconstruction of the nation as a positive factor.

In total 8 youth centres were renovated and established, out of which 5 new ones are in place 2 in Mogadishu, 1 in Bossaso, 1 in Hargeisa and 1 in Kismayo. Youth-friendly activities and services which are critical elements for them were provided and conducted as intended to promote a positive attitude towards a youth- enabling environment where they can learn, interact, and share information. As a result, 18,856 young boys and girls, respectively, accessed the centres. Around trained a total of 1,616 young people on different soft life skills and vocational skills training programs.

Under harmful practices including child marriage, UNFPA conducted (Theatre of the Oppressed' on Harmful Effects of Child Marriage) to foster positive dialogue on sensitive issues like early child marriage and harmful practices through participatory theatre approach. Within the context and support, UNFPA Procured and distributed 11,000 Menstrual Health supplies that can last girls for 12 months to support adolescent girls to be able to continue attending school as part of early marriage prevention. See here stories from the field on how this is impacting lives.

#### **Gender/GBV**

UNFPA through her gender/GBV units facilitated inter-Ministerial, UN and CSO stakeholder collaboration that led to the successful passage of the zero FGM bill by the cabinet in Puntland state. The bill is due to be presented to the parliament in the first quarter of 2022. A Call centre managed by MOWHRD has been established with UNFPA support to monitor and act to protect the rights of women candidates in the upcoming elections and to drive advocacy for the achievement of the 30% affirmative action quota for women. The call centre's activities and advocacy has so far contributed to garnering 26% percent representation of women in elective positions in the ongoing elections in Somalia. The centre acted as a coalition and rallying point for female candidates and other stakeholders to hold strategic meetings on how to move forward the agenda for 30% representation in elections.

The GBV/Gender supported a community level assessment on protection, CP, HLP, Mine action GBV concerns in Somalia. This assessment contributed to making available qualitative data for the development of the HNO/HPR 2022 process. GBV advocacy briefs, a learning brief on GBV/CVA and 2 briefs focusing on the impact of floods, and droughts on women and girls and GBV. Standard operating procedures for GBV shelter operators were developed and validated during the 2<sup>nd</sup> quarter of the 2021. UNFPA through its gender unit contributed to the development and finalisation of the UN gender equality strategy for Somalia. A final draft is expected by the end of June 2021. UNFPA also supported the development and dissemination of a referral handbook for FGS and FMS in Somalia. The process enables updates and provides current information on which services are available for improved access by women and girls. In addition, GBV one stop centre was established in Bossaso general hospital while a WGSS was also established in Bossaso.

A total of 1,902 persons gained capacity and skills for GBV/FGM advocacy, prevention, mitigation and service delivery. Out of this total, 104 CCM Cluster field officer and 140 protections, child protection and food cluster actors gained knowledge and information on how to utilize GBV pocket guide for non GBV specialists; while 1,054 government and CSO actors, case managers, PSS and CMR providers persons gained capacity for FGM abandonment advocacy and to provide culturally sensitive and age-appropriate PSS and CMR services to GBV survivors. 607 religious leaders gained knowledge and capacity to advocate for the abandonment of FGM in Federal member states and Somaliland.

During the year 2021, UNFPA coordinated and provided financial and technical support to the GBV Service provision in GBV one stop centers, women, and girls safe space (WGSS), and GBV safe shelters. UNFPA ALSO supported community/meida education, dialogues and sensitization programme to disseminate messages on service availability and the need to end to end FGM and GBV. As a result of this support a total of 4,573,366 gained access to GBV services and information (including FGM) through media, community dialogues and awareness generation, capacity enhancement initiatives and cash and voucher assistance and provision of dignity and material items.

4,543,851 individuals reached with messages on FGM abandonment and GBV through community dialogues and media messaging while 29,515 persons accessed multisectoral GBV and FGM services. Out of this total for service provision, 9,320 women and girls affected by the flood, cyclone and drought conditions in Puntland, Federal Government state (FGS) and Somaliland received dignity kits to improve hygiene

conditions while 4,325 adolescent girls and women received menstrual hygiene kits under GBV and harmful practices interventions. A total number of 12,448 persons accessed PSS, 571 received CMR and 815 treatment for physical injuries because of GBV. In addition a total of 2,036 persons (1,686 women, 338 girls, 7 boys and 5 men) received services at GBV shelters in Garowe, Hargeisa and Mogadishu.

### Population Dynamics (PD)

The states' health and demographic statistics strengthening process that had started in mid-2020 continued through the first and second quarters of 2021. By the end of the second quarter 2021, the Galmudug, Banadir, Hirshabelle (HSHDS) and Jubaland (JHDS) health and demographic reports had been published and launched. These reports contain sub-national indicators critical for state planning, policy formulation as well as monitoring of the implementation of the Essential Package of Health Services (EPHS) programme. The SHDS microdata library has been developed. This includes the SHDS data sets and a metadata documentation of the survey process and variables. The microdata library provides an opportunity for the public to access and use SHDS data.

The results of the UNFPA supported in-depth studies on FGM and gender were published and launched in Puntland and Somaliland. These were part of a series of SHDS 2020 follow-up studies designed to provide a detailed explanation of the FGM and GBV indicators published in the SHDS reports. In addition, an SHDS paper has been prepared to help understand the determinants of child nutritional status in Puntland. The Civil Registration and Vital Statistics (CRVS) profile for Somalia has been developed to provide a snapshot of the current status of CRVS in the country.

During the period, UNFPA supported a number of survey activities related to COVID-19 as well as the dashboards. Such studies are: The results of the COVID-19 socio-economic impact study were published for Somaliland, the COVID-19 vulnerability maps were updated for selected high-risk towns (Mogadishu, Baidoa, Kismayo, Garowe, Galkayo, Burao, Hargeisa, and Boroma). Lastly, COVID-19 vulnerability dashboards were developed for Somaliland and Puntland.

10 out of 19 indicators were produced at state level for 4 of the 5 states that were remaining. The state health and demographic survey reports have been published for the states and uploaded to the national statistical agency (SNBS) website for wider access and use.

Pre-census activities were conducted in preparation for the census-making within the coming 2 years. Along with that, the Somali National Bureau of Statistics (SNBS) is in place and the senior heads and management team are hired by the government to lead all entire statistical activities including the census.

## Section 2: Progress Report Results Matrix

### SEMI-ANNUAL & ANNUAL PROGRESS REPORT RESULTS MATRIX

	<b>OUTCOME STATEMENT</b>
	Increase the delivery of equitable, affordable, and sustainable services that promote national peace and reconciliation among Somalia's regions and citizens and enhance transparent and accountable revenue generation and equitable distribution and sharing of public resources
	<b>SUB-OUTCOME 1 STATEMENT</b>
	Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access
	<b>Output 1.1:</b> Increased national capacity to deliver comprehensive maternal health services including in humanitarian settings

INDICATOR	Baseline (2017)	TARGET (2020)	PROGRESS ON OUTPUT INDICATOR <sup>2</sup>	
			Reporting Period (1 Jan-31 Dec 2020)	CUMULATIVE (1 Jan 2018-31 Dec 2020)
Number of midwives graduating from training that is in accordance to ICM-WHO standards	979	1,479	180	1,561
Number of facilities with all the signal functions to provide skilled delivery	69	89	18	89
Number of fistula repair surgeries	779	1,429	0	1,204
UNDP ONLY: sources of evidence (as per current QPR)				
<b>Output 1.2:</b> Increased national capacity to provide sexual and reproductive health services, including in humanitarian settings				
The country has humanitarian contingency plans that include elements for addressing sexual and reproductive health needs of women, adolescents and youth, including services for survivors of sexual violence in crises	No	Yes	Yes	Yes
Number of national counterparts with the capacity to implement MISP at the onset of crisis	120	200	40	244
Percentage of health facilities with personnel with the capacity to implement the new family planning human rights protocol	<60%	85%	11%	71%
The country is using a functional electronic logistics management information systems for forecasting and monitoring reproductive health commodities	No	Yes	Yes	Yes
<b>SUB-OUTCOME 2 STATEMENT</b>				
Enhance the participation of the youth in the development of the nation through effective mobilization, empowerment, training and sports to foster national cohesion, enhance peace and improve quality of life				
<b>Output 2.1:</b> Increased capacity of partners to design and implement comprehensive programmes to reach marginalized youth, especially adolescent girls, including those at risk of child marriage				
Number of health, social and economic asset building programmes that reach out to adolescent girls at risk of child marriage	1	3	1	6
Number of girl centres established to provide adolescents with reproductive health services	0	3	2	6
Number of health care providers with the capacity to provide youth-friendly services	0	120	190	310
UNDP ONLY: sources of evidence (as per current QPR)				
<b>SUB-OUTCOME 3 STATEMENT</b>				
Ensure a society that upholds gender equality, dignity, respect and fairness for all women and men				
<b>Output 3.1:</b> Increased capacity of partners to provide services to survivors of gender-based violence, to prevent gender based violence, harmful practices, and to promote reproductive rights and women's empowerment, including in humanitarian settings				
Number of communities supported by UNFPA that declare the abandonment of female genital mutilation	180	400	60	346
Number of policies that aim to ensure accountability on human rights of marginalized	3	6	1	8

<sup>2</sup> Fill in only the numbers or yes/no; no explanations to be given here.



groups, gender equality, women's reproductive rights issues and gender-based violence prevention and response				
Number of religious leaders trained to advocate against gender-based violence and FGM/C	50	200	129	598
Number of gender-based violence one stop centres with the capacity to provide medical and psychosocial support to survivors of gender-based violence	12	20	30	77
<b>SUB-OUTCOME 4 STATEMENT</b>				
Strengthen basic sectoral and core government functions in support of the establishment of a responsive, inclusive and accountable public sector				
<b>Output 4.1:</b> Strengthened national capacity for production and dissemination of high-quality disaggregated data on population, development and sexual and reproductive health issues that allow for mapping of demographic disparities and socio-economic and health inequalities, and for programming in humanitarian settings				
Number of government statistical departments that have the capacity to analyse and use disaggregated data for mapping of demographic disparities and socioeconomic inequalities	0	3	2	8
Number of population situation analysis reports undertaken by national government to identify priorities and formulate policies and programmes	0	3	5	9

### Section 3: Narrative reporting on results

<b>Progress towards outcomes</b>
<p><b>OVERALL OUTCOME STATEMENT</b>  <b>UNSDCF OUTCOME INVOLVING UNFPA: Outcome 4.1. By 2025, more people in Somalia, especially the most vulnerable and marginalized, benefit from equitable and affordable access to government-led and regulated high-quality basic social services at different state levels.</b></p> <p><b>OUTCOME 1 STATEMENT</b>  <b>Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence.</b></p> <p><b>OUTPUT 1.1</b>  <b>Strengthened national and subnational capacities to ensure universal access to high-quality sexual and reproductive health information, services and supplies, including in humanitarian affected, hard-to-reach and marginalized communities, as well as nomadic populations.</b></p> <p>UNFPA stayed the course in ensuring high quality maternal health services are delivered to mothers and families across Somalia in 2021. The COVID19 pandemic continued to come in surges, adversely affecting health care delivery all-round the year. Various measures implemented by the government helped to dampen severe effects of the pandemic, where UNFPA and other UN programs and agencies continued to provide support in 2021 to mitigate the effects of the pandemic. UNFPA continued to support the</p>

Midwifery Education program very successfully, and applied extra efforts to ensure maternal health care services were delivered all across the country.

**1. Midwifery schools** supported by UNFPA stayed the course implementing the fully accredited midwifery curriculum application (by International Confederation of Midwives). 132 midwifery students were enrolled in 13 Midwifery Schools supported with UNFPA support in 2021, while 85 midwifery graduates have graduated out of these schools in the same year. The total figure of 2021 students under UNFPA supported schools was 592 students. UNFPA supported the review of the Midwifery Curriculum and updated with quality rights-based approach to maternity care including women's right to self-decision making, HIV/AIDS counseling and counseling/education on prevention of female-genital mutilation (FGM). UNFPA developed an online repository of relevant teaching and learning resources for midwifery tutors working in close collaboration with national and international stakeholders, including the Canadian Association of Midwives, CAM. This online repository will accompany the finalized midwifery curriculum that is awaiting endorsement. A maternal health user-friendly mobile app's development was initiated in 2021. Introductory meetings with Youth Network Leads were conducted. The application is planned to be fully developed to reach Somali youth by the year 2022.

**2. EmONC Services:** In 2021 despite the COVID19 outbreak a total of 165,249 women had normal deliveries at 23 CEmONC and 32 BEmONC centers across the country. A total of 504,290 women utilized at least one antenatal care visit. 7,982 pregnancies underwent C-section as a lifesaving procedure, while 8,814 were managed for various obstetric complications across the country. In order to improve the quality of services UNFPA procured maternal lifesaving drugs such as Oxytocin, Misoprostol, Magnesium Sulphate, Calcium Gluconate and delivered them to the health facilities. UNFPA supported and worked closely with the federal ministry of health to develop a covid19 management guidelines for women during pregnancy and childbirth. These guidelines were instituted at 8 COVID19 isolation centers to benefit pregnant women who could be suffering from covid19 infection at the EmONC facilities.

**3. Obstetric Fistula support:** UNFPA had supported two fistula campaigns in Mogadishu, Federal Government of Somali and in Borama, Somaliland where 237 survivors received surgical repair which were 98% successful, as there was no leak of urine and/or feces. 137 women among the survivors received the social reintegration services part of the fistula management package. The fistula program contained a capacity building program where 4 junior OBGYN doctors participated in the program to gain exposure to fistula repair surgical skills.

**4. MPDSR:** This year UNFPA supported the operationalizing of the maternal & perinatal death surveillance and response (MPDSR) program. National MPDSR tools were reviewed and updated by the national MPDSR taskforce in a consultative workshop. A pilot of 6 hospitals in Mogadishu were taken for a 2-month period.

#### **OUTPUT 1.2**

##### **Increased demand and uptake of maternal health, family planning, and other SRH services and through behaviour change communication and advocacy outreach, including in fragile and humanitarian settings**

UNFPA continues to be a leader in furthering sexual and reproductive health services in Somalia as part of its global leadership role. UNFPA recognizes the low uptake of family planning services with a very low mCPR of 1% and a high total fertility rate of 6.7%. UNFPA has increased its resources for procurement of family planning and life-saving maternal health medical supplies and commodities. Somalia has been

identified as a recipient of a global commodities supplies partnership program through UNFPA headquarters support.

1. The percentage of health facilities providing services with human-rights protocols has increased to more than 80% from a 2020 baseline of 68%.
2. UNFPA has conducted 9 outreach campaigns and reached 21,400 people with SRH/FP messages and services to create demand for the integrated SRH/FP.
3. FP advocacy: A high-level advocacy meeting attended by 32 participants from the government, religious leaders, civil society & UN bodies emphasized the importance of FP in the reduction of maternal and neonatal mortality and morbidity. An integration of FP services into the essential package of health services (EPHS) was underlined in the advocacy discussions. A need to enhance the positive attitude of healthcare providers towards family planning use and values clarification of the health care workers to increase the uptake was also discussed.
4. FP Capacity Building: Capacity building in SRH and FP is an important goal for UNFPA to support the government's NPC-9 goals and harmonise with the essential package of health services revised and revived by the government of Somalia, ministry of health. 36 health care workers were trained in Balanced Counseling Strategy Plus (BCS+) methodology as an important counselling tool for family planning services.

A total of 113 health care providers were trained in comprehensive family planning / Birth Spacing skills from the South West State, Galmudug State and Mogadishu Capital region (Banadir region). 30 more health service providers were trained in Puntland State of Somalia and 25 in Somaliland making a total health service providers trained within the year 2021 to provide modern contraceptive methods to 168. As a result, a total of 39,341 received modern contraceptives from UNFPA supported facilities in Somalia and Somaliland.

5.FP service delivery: A total of 39,341 received modern contraceptives from UNFPA supported facilities in Somalia and Somaliland.

6. Supply chain management: To ensure that there are no stockouts and SRH/FP supplies have reached the last mile logistic information management is the key. UNFPA has trained 25 pharmacists and warehouse managers on the national logistic management information system (LMIS) to accurately and timely report consumption and stock status data to avoid stock outs and improve rational drug use.

#### **OUTCOME 2 STATEMENT**

**Youth and adolescents are empowered to realize their sexual and reproductive health and reproductive rights and participate in sustainable development, humanitarian action and sustaining peace.**

##### **Output 2.1:**

**Young people have opportunities to exercise leadership and participate in sustainable development, humanitarian action and sustaining peace**

UNFPA has been implementing the Dalbile Youth Initiative, a nationwide comprehensive programme to support youth entrepreneurship and employment generation. During the reporting period, social initiative Bootcamps have directly trained 1,569 young people (800 males and 769 females) along with 68 financed promising start-ups, which were awarded grants to initiate their business models and concepts. In Galmudug, about 76 per cent of the graduates were females. This financial support came as a result to the established Dalbile Youth Fund, which financed those initiatives and benefited the 1,569 youth with employment creation, digital literacy for 139 young girls; as well as Mentorship, Life Skills and Employability training for 360 young people. The Dalbile Youth Dialogue was done in Mogadishu, Kismayo, Jowhar, Dhusamareb, Bosaso and Barawe on the role of youth in civic spaces, challenges facing youth start-ups,

among other topics. More than two million impressions across the Dalbile youth initiative's digital platforms were recorded, with 70 percent below 35 years of age of the engaged population.

Additionally, in close coordination with the Ministry of Youth and Sports, in both the Federal Government and in Federal Member States, as well as the United Nations Interagency Working Group on Youth, UNFPA reviewed and evaluated the retiring national youth policy (2017-2021) and developed a revised national youth policy and action plan for 2022-2026. This was done through extensive nationwide consultations with diverse groups of young people and other relevant stakeholders. Puntland, South West, Jubaland and Galmudug Ministries of Youth and Sport, BRA Federal Ministry of Labour and Social Affairs (MOLSA) and Hirshabelle have youth liaison officers engaged. Apart from the employment itself, the youth liaison officers are to serve as liaisons between the Ministry of Youth, local partners, and youth beneficiaries.

Annual Mogadishu Technology Summit was organised with an overarching goal to highlight local tech talent and honour Somali innovators and entrepreneurs. Over 5,000 young men and women, from all the regions of Somalia and outside Somalia participated in the summit's panel sessions and workshops with thought leaders, futurists and experts, as well as eminent guest speakers engaged with youth to share experiences to help make them thrive including the EU Ambassador. 33 young innovators exhibited their various technological inventions during the summit. A commitment from several private sectors mainly the banking sector in Somalia to support such innovative initiatives by youth.

In total around 50,000 young people were reached directly within the peace and security component, while more than 200,000 were reached indirectly through different approaches such as media means and electronic messages.

Youth peace and security was supported tremendously by UNFPA during 2021 through several campaigns and tournaments that took place in Mogadishu, Garowe and other regions to enhance the role of the youth in the peace building and security as well as the reconciliation and reconstruction of the nation as a positive factor.

In total 8 youth centres were renovated and established, out of which 5 new ones are in place 2 in Mogadishu, 1 in Bossaso, 1 in Hargeisa and 1 in Kismayo. Youth-friendly activities and services which are critical elements for them were provided and conducted as intended to promote a positive attitude towards a youth- enabling environment where they can learn, interact, and share information. As a result, 18,856 young boys and girls, respectively, accessed the following youth centres: Abdiiaziz, Tilmame, Dandoor, Gabiley, SOHASCO and injil, whom were served and provided with SRH-related information and services through several sessions and services that enhance the knowledge and awareness of the adolescents and young people. The Youth centres trained a total of 1,616 young people on different soft life skills and vocational skills training programs. Training on Social Media, communication Skills, pedagogical training, multimedia skills (web-designing, graphic design, photography & video editing) entrepreneurship and TVET (handcrafting, henna, tailoring and cooking) were conducted. A training package for young men and women on soft skills and financial literacy has also been conducted.

Under harmful practices including child marriage, UNFPA conducted (Theatre of the Oppressed' on Harmful Effects of Child Marriage) to foster positive dialogue on sensitive issues like early child marriage and harmful practices through participatory theatre approach. The theatres were staged by youth actors in Kismayo, Afgoye, Kahda and Deynille districts. A total of 240 participants (female-160 and male-80) attended the event. This was backstopped by 26 campaign sessions involving door to door sessions to cover more beneficiaries targeted Dayniile (Bacad, Yaagle, Ramaas, Osoble, Iskaashi, Alle Suge, Tanaad, Wanaagsan, Horyaal and Shidane camps) and Kaxda (Banane, Waranle, Rabisuge, Mudan, Owbaale,

Samawadhe and Osingow camps). The campaigns reached 407 people directly including 306 women and girls and 101 men and boys. Furthermore, several campaigns in Mogadishu and Bossaso related to child marriage were organized with around 4,000 direct beneficiaries were reached. Within the same context and support, UNFPA Procured and distributed 11,000 Menstrual Health supplies that can last girls for 12 months to support adolescent girls to be able to continue attending school as part of early marriage prevention. See here stories from the field on how this is impacting lives

#### **Gender/GBV**

#### **OUTCOME 3 STATEMENT**

**Gender outcome 3: Gender equality, the empowerment of women and girls, reproductive rights are advanced in development and humanitarian settings.**

#### **Output 3.1**

**Enhanced the multisectoral capacity to prevent and address gender based violence using a continuum approach in all contexts, with a focus on advocacy, data, health and health systems, psychosocial support and coordination:**

Capacity training activities for humanitarian and development actors contributed to improving knowledge and skills needed to respond to GBV through ensuring that there is a core of updated skilled service providers that are mobilised to provide GBV services to vulnerable women and girls including GBV survivors. The provision of Rape kits ensured that service providers have the supplies to provide treatment for rape survivors and other physical injuries. During the reporting year the project continued to support the provision of basic dignity protection materials such as dignity and menstrual hygiene kits. This improved personal dignity of women and improved the opportunities for adolescent girls to attend schools and go about their normal duties with confidence. Cash assistance for the mitigation of GBV initiatives also contributed to reducing the possibilities of increased tension within families and also ensured access to funds for vulnerable women and adolescent girls to meet their immediate needs. Efforts to sustain collaboration with key clusters to ensure mitigation of GBV concerns within cluster planning and programming produced gains for more women and girls protections as clusters took actions to prevent and mitigate GBV in locations where they operate.

#### **Output 3.2**

**Strengthened response to abandon female genital mutilation and other harmful practices, including in humanitarian context:**

Legislative and advocacy efforts supported during the year 2021 contributed to opportunities for the FGM bill in Puntland to pass Cabinets' approval with plans to be presented at the Parliament in early 2022. UNFPA continued to support CSO coalition for the implementation of the suspended sexual offences legislation in Somaliland. This resulted in a current ongoing review of the provisions of the legislation under contention by the religious leaders to enable the implementation of the legislation in 2022. UNFPA supported sustained engagement with key religious leaders and the Ministry of Religion in Mogadishu and Puntland with a focus on achieving zero tolerance FGM consensus to move forward action for passage of FGM and SOB in these states. This resulted in the first ever consensus by some key religious leaders in Mogadishu on zero tolerance of FGM. Sustained grassroots mobilization activities and social media activism on FGM abandonment was key to improving awareness and gaining commitment from individual and families to end FGM.

#### **OUTCOME 4 STATEMENT**

**Everyone, everywhere is counted and accounted for in the pursuit of sustainable development.**

#### **Output 4.1**

**Improved national population data systems with a focus on mapping and addressing inequalities and to strengthening response in humanitarian crises**

The states' health and demographic statistics strengthening process that had started in mid-2020 continued through the first and second quarters of 2021. By the end of the second quarter 2021, the Galmudug, Banadir, Hirshabelle (HSHDS) and Jubaland (JHDS) health and demographic reports had been published and

launched. These reports contain sub-national indicators critical for state planning, policy formulation as well as monitoring of the implementation of the Essential Package of Health Services (EPHS) programme. The SHDS microdata library has been developed. This includes the SHDS data sets and a metadata documentation of the survey process and variables. The microdata library provides an opportunity for the public to access and use SHDS data.

The results of the UNFPA supported in-depth studies on FGM and gender were published and launched in Puntland and Somaliland. These were part of a series of SHDS 2020 follow-up studies designed to provide a detailed explanation of the FGM and GBV indicators published in the SHDS reports. In addition, an SHDS paper has been prepared to help understand the determinants of child nutritional status in Puntland. The Civil Registration and Vital Statistics (CRVS) profile for Somalia has been developed to provide a snapshot of the current status of CRVS in the country.

During the period, UNFPA supported a number of survey activities related to COVID-19. To begin with, the results of the COVID-19 socio-economic impact study were published for Somaliland. Secondly, the COVID-19 vulnerability maps were updated for selected high-risk towns (Mogadishu, Baidoa, Kismayo, Garowe, Galkayo, Burao, Hargeisa, and Boroma). Lastly, COVID-19 vulnerability dashboards were developed for Somaliland and Puntland. The vulnerability maps and dashboards were developed to understand the impact of the COVID-19 pandemic on the most vulnerable population, mortality, and socio-economic impact as well as the geographical location within the towns of the vulnerable groups. The maps are pivotal in guiding COVID-19 interventions in the respective areas.

A total of 10 indicators out of 19 ones were produced at the state level for 4 of the 5 states that were remaining. The state health and demographic survey reports have been published for the states and uploaded to the national statistical agency (SNBS) website for wider access and use. Along with these 40 national staff were trained on the statistical skills of analysis and data generating. In addition, the Pre-census consultations and activities took place to initiate the census making process. An international expert will be on-board by early 2022 to prepare, develop and design the related census project documents, plans and preparatory work, hence then, A Chief Technical Adviser will be recruited to lead the whole Census making project in Somalia. The Somali National Bureau of Statistics (SNBS) is in place and the senior heads and management team are hired by the government to lead all entire statistical activities including the census.

### **Number of beneficiaries and feedback from beneficiaries**

#### **Sexual Reproductive Health (SRH)**

A total of 165,249 women had normal deliveries at 23 CEmONC and 32 BEmONC centres across the country. A total of 504,290 women utilised at least one antenatal care visit. 7,982 pregnancies underwent C-section as a lifesaving procedure, while 8,814 were managed for various obstetric complications across the country.

Within the Fistula interventions, 237 survivors received surgical repair which were 98% successful, as there was no leak of urine and/or feces. 137 women among the survivors received the social reintegration services part of the fistula management package.

25 pharmacists and warehouse managers were trained on the national logistic management information system (LMIS). 36 health care workers were trained in Balanced Counseling Strategy Plus (BCS+) methodology as an important counselling tool for family planning services.

A total of 113 health care providers were trained in comprehensive family planning / Birth Spacing skills from the South West State, Galmudug State and Mogadishu Capital region (Banadir region).

A total of 21,400 people were reached with SRH/FP messages and services to create demand for the integrated SRH/FP.

### **Adolescents and Youth**

More than 200,000 people were directly reached by different youth projects campaigns and advocacy events during 2021 and electronic social media mechanisms. A total number of 50,000 young people were reached directly within the peace and security component. Within the inter-regional football tournament, which was organised in the 9 Puntland regions, with the aim to create a culture of peace and non-violence, and avoidance of criminal gangs and other drivers of violence a total of 12,000 young people including 10,000 females attended directly and indirectly 100,000 young people were reached.

In Doble, an inter-generational dialogue on peacebuilding and civic engagement 20,000 (7,440 males and 14,060 females) were reached and engaged. 100 young participants (34 females and 66 males) were the main participants in the discussion of the young people's role in the peacebuilding and nation reconciliation.

In total, the reached people directly and indirectly exceeded 3,000,000 persons through all the campaigns and interventions under the youth programme, in particular within the MY DAUGHTER campaign and Dalbile project interventions and launch events in different member states and regions.

As a result, due to the establishment and renovation of 8 youth centres with support from UNFPA, 18,856 young boys and girls, respectively, accessed the following youth centres: Abdiaziz, Tilmame, Dandoor, Gabiley, SOHASCO and injil, whom were served and provided with SRH-related information and services through several sessions and services that enhance the knowledge and awareness of the adolescents and young people. While a total of 1,616 young people were trained by those youth centres on different soft life skills and vocational skills training programs including Social Media, Communication Skills, Pedagogical training, Multimedia Skills (web-designing, graphic design, photography & video editing) Entrepreneurship and TVET (handcrafting, henna, tailoring and cooking) were conducted.

### **Gender/GBV**

The programme reached through its advocacy campaigns a total number of 4,573,366 persons (2,286,683 women; 1,372,001 girls; 914,682 men and boys). The beneficiaries were engaged through direct consultations and participation, community mobilisation and sensitization programmes, specialised GBV service provision and referrals, capacity strengthening and legislative advocacy. Most of the activities were conducted in person whereas regional meetings and training were undertaken virtually. Implementation strategies were informed by prior consultations with beneficiaries to include their expectations so that the project can address their direct needs. Feedback from beneficiaries were collected through beneficiary satisfaction forms and interviews. Routine monitoring site visits also contributed to providing opportunities to learn about the project progress, review beneficiaries expectation and refine strategies.

### **Population Dynamics (PD)**

A total of 194 beneficiaries were engaged during 2021. These included those who participated in data analysis, report writing, validation and launches of the Puntland FGM and GBV reports, Somaliland FGM report, and the Galmudug and Banadir SHDS reports, in addition, a total of 40 national staff were trained on the statistical analysis as well as data generating and 19 national staff were assessed and participated in the technical assessment that was conducted by UNFPA PD team during Nov-Dec 2021.

## **Section 4: Project implementation**

### **COVID 19 Response**

All through the entire year of 2021, the COVID-19 pandemic continued to make its adverse presence felt across the country affecting all programme activities. Most of the trainings for health care providers, Gender, GBV and FGM continued to follow virtual training modalities, with only about one-fourth being conducted in-person. UNFPA initiated a programme that specifically addressed the needs of pregnant and lactating mothers who could be victims of COVID-19 infection. The programme included nine state and regional level hospitals selected by the MOH, based

on their high caseload especially for maternity cases. The objective of the programme was to ensure that pregnant women who got infected during their pregnancy as well as immediately after childbirth had a good chance for case identification and treatment during this vulnerable time. The Federal Ministry of Health developed COVID-19 guidelines as part of this effort for Somalia, modelled after the World Health Organisation (WHO) guidelines. It provided guidelines on admission criteria and treatment protocol for pregnant mothers and those recently delivered. It also provided guidelines on home care for COVID-19 positive mothers who did not qualify for hospital admission. In addition, UNFPA procured and distributed sufficient quantities of personal protective equipment (PPE) not only to the nine hospitals mentioned above but to other hospitals as well, based on their needs. In addition to that, several communication and advocacy campaigns as well as social media messages and video animation production were conducted to increase the prevention, protection and awareness of the virus risks and impacts.

### Key constraints and challenges and associated corrective actions

- Movement restrictions and accessibility to several locations and projects interventions due to the ongoing COVID 19 pandemic and the spike of the virus in Somalia, which was overcome through relying on the virtual follow up and mentoring to ensure the planned activities will be conducted as well as the progress will be ensured. Additionally, UNFPA and its implementing partners worked closely with community-based NGOs and CBOs to ensure the continuity of project implementation and progress.
- The unstable political context of Somalia, in particular in Puntland and other member states put a huge pressure on the project's continuity and implementation. This was mitigated by having local and national partners on the ground that support the project's interventions and planned activities.
- Security and the humanitarian crisis that resulted with more severe situations and additional new IDPs camps and locations overall Somalia. This led to complicate the efforts to lessen the life of the population, in particular the most vulnerable groups such as adolescents, young people as well as girls and women. To minimise the negativity of such situations and challenge, the CO with its implementing partners work closely with community leaders as well as the IDPs Camps' leaders and the CBOs on the ground to continue implementing the projects activities and interventions with the aim to achieve the intended results and positive impacts on the life of people.
- Procurement challenge for some commodities and kits such as the stock of Kit 3 - rape kits also emerged as a major challenge during the reporting year in some programme locations. The programme ensured that the kits available in locations that did not have a critical load of GBV survivors were re-allocated to partners in locations with a large number of GBV survivors.
- The need for more GBV shelters and one stop centres to meet the need of GBV survivors continued to be a great challenge. The programme provided referral transport support and follow-up with survivors who needed services urgently to access nearest GBV one stop centres and GBV shelters.

### Risk management

Type of risk	Description of risk	Mitigating measures
Humanitarian	Restriction of access to implementing partners for programme activities	Local partners within locations were contracted and subcontracted to undertake project activities
Cultural	Acceptance of messages on the end FGM/GBV campaign which challenge with resistance of religious leaders and community leaders to accept zero tolerance messages FGM/GBV	The programme adopted religious leaders and key traditional leader as proponents of these messages amongst their peers
Environmental	Increased natural calamities such as drought, floods and cyclones	<ul style="list-style-type: none"> <li>● Working jointly with UN agencies that are leading key clusters and be part of the humanitarian response plans.</li> </ul>



		<ul style="list-style-type: none"> <li>• Take advantage of the already supported resilience projects and use the mechanisms and related systems to deliver services.</li> <li>• Support the government to put in place costed disaster management and response plans.</li> <li>• UNFPA to establish contingency funds for response to cover preparedness activities.</li> </ul>
Financial	Poor economic status of the country and non-availability of public funds for the social sector	<ul style="list-style-type: none"> <li>• Engage Government in policy advocacy and advocacy efforts, seeking investment by Government in human development in general, and in maternal health in particular.</li> <li>• Seek partnerships with other development actors to improve coverage and quality of services provided to beneficiaries.</li> </ul>
Environmental Health	COVID-19 pandemic	<ul style="list-style-type: none"> <li>• The CO has adopted alternative working arrangements both to preserve the health and well-being of its staff, as well as to ensure business continuity.</li> <li>• The Business Continuity Plan has been activated with particular focus on electronic processing of all office paperwork and virtual business meetings, both internally and externally.</li> <li>• Some training activities have adopted the virtual modality in lieu of physical presence workshops.</li> <li>• The CO has ensured coherence of and guidance to all the UNFPA Somalia team by holding daily briefs with Senior Management.</li> </ul>
Operational	High turnover in key personnel involved in project implementation	<ul style="list-style-type: none"> <li>• Timely re-engagement with the new appointed government personnel and with quick re-orientation.</li> <li>• Continued capacity building efforts.</li> </ul>
Operational	Lack of / limited involvement of key stakeholders in defining strategies for programme implementation	<ul style="list-style-type: none"> <li>• Joint consultative programme planning approach, in close coordination with key</li> </ul>

	and willingness to support programme activities	counterparts in each area /state, including key stakeholders.
Political	Political instability and deterioration in security associated with presidential/parliamentary elections or frequent changes in government counterparts	<ul style="list-style-type: none"> <li>● Programme team working closely with partners will adjust programme activities to respond to changes in the security situation based on the UN Programme Criticality matrix.</li> <li>● Increased use of civil society organisations, universities, women and youth groups to implement activities.</li> </ul>
Political	Weak governance of national systems	<ul style="list-style-type: none"> <li>● Conduct of annual audits of Implementing Partners by external auditors.</li> <li>● Conduct of capacity assessments of Implementing Partners.</li> <li>● Conduct of regular spot checks of Implementing Partners.</li> <li>● Major procurement and financial management to be done through UN systems.</li> </ul>
Political	Lack of political commitment to own the programme at local level, especially with any change of governing authority as a result of elections	<ul style="list-style-type: none"> <li>● Maintain a regular dialogue with local authorities to prioritise maternal health, gender, youth, and population and development issues and to empower authorities to perform programme-related functions.</li> </ul>
Security	Increased internal armed conflict resulting in direct threat to project staff and program implementation	<ul style="list-style-type: none"> <li>● Keep updated with security information from UNDSS and strictly adhere to security advice.</li> <li>● Reach out to other networks/institutions such as the IFRC that are on the ground with volunteers and establish standing agreements to support and monitor activities.</li> </ul>

### Learning impact

- Increased State's level coordination has improved information sharing and better facilitated intergovernmental joint analysis and decision making leading to better resource utilisation and programme reach.
- Government's support in introducing and supporting new provision of services as well as specific FP methods in the method-mix is seen as a strong leadership role in this area.
- Working closely with the local communities' influential leaders and the CBOs existing on the ground is a key factor to ensure the continuity of the project interventions and planned activities. This also resulted to mitigate the negative impacts on the life of the target population and localities.

- The collaboration with key religious leaders produced the first ever consensus by religious leaders for zero tolerance of FGM. Given the influence of religious leaders on public opinion and behaviour in Somalia; their agreement and cooperation to end FGM in Somalia is of great importance.
- Production of different evidence-based reports brings many opportunities to the programme teams to bridge any gap in the service provision as well as explore in greater depth the voices of the beneficiaries concerning priorities.
- The effort by UNFPA to harmonise approaches and strategies for GBV shelter operations in Somalia enabled more collaboration among shelter providers and improved understanding on what constitutes important components for survivors healing and re-integration.

### **Coordination with other UN entities including UNSOM/UNSOS within and outside the SJF portfolio**

UNFPA co-chairs the inter-agency working group on youth with the Integrated Office in which a number of efforts are being coordinated, notably the revision of the National Youth Policy and the development of a costed action plan; development of a UN Somalia Youth strategy; and the work on the UN Youth Advisory Board. Additionally, a Youth political dialogue was held in June 2021. Coordinated technical support is being provided to the Ministry of Youth and Sports of the Federal Government by UNFPA and UNSOM.

Satellite imagery utilised in the development of household density was obtained from UNSOS, for utilisation by the UNFPA Population Dynamics technical team. Geographic Information System (GIS) data has been shared by UNFPA with UNSOS.

UNFPA and other UN sister agencies in close coordination with UNSOS and UNSOM launched the 16 days of GBV activism in Somalia to end all types of violence and discrimination.

### **Role of the UN Somalia Joint Fund**

*UNFPA programmes are in tandem with the UN Multi-Partner Trust Fund (UN MPTF) as it promotes integration and collective action and joint programming through a pooled funding mechanism. The MPTF ensures complementarity by different UN agencies in areas of expertise that lead to greater efficiencies in delivering services to the people of Somalia. As a result, country priorities are delivered in a coordinated and streamlined manner.*

*The overall goal of the new UNFPA country programme for Somalia for 2021 to 2025 is to improve the quality of life and wellbeing of women, adolescents and youth, and the most vulnerable populations. The new country programme is aligned with Somalia's ninth National Development Plan (NDP 9). It continues to focus on the four key areas of UNFPA, namely sexual and reproductive health and rights, gender equality and empowerment of women, adolescents and youth, and population dynamics.*

### **Synergies with other funds (UN and non-UN) working on similar issues**

UNFPA Somalia is part of the EU funded Inclusive Local Economic Development" (ILED) Programme which contributes to 3 results, stabilisation and local Governance, inclusive and sustainable growth and protection & graduation of the most vulnerable, it has 6 components and 12 projects, it contributes to stability in Somalia by extending state authority and services, promoting local reconciliation and peacebuilding, creating inclusive economic opportunities and protecting the most vulnerable. Programme's implementing partners FAO, NIS Foundation, UNFPA, AECF, DAI, and Cash Consortium among others, works on different projects that implements in an integrated way, deliberate efforts were made to build synergies among project, was designed to have a territorial approach and is aligned with national and regional priorities. The projects have developed common work plans that enhance complementarity and avoid duplication.

### **Partnerships**

*UNFPA is in partnership with implementing partners in the programme areas on reproductive health, gender, population and development and adolescents and youth. Other non-programme partnerships with media bodies and associations such as Somali Women Journalism Rights Association, Somali Media Association and National Union of Somali Journalists ensure advocacy and visibility in the broader scope. UNFPA is also working with midwifery schools*

across Somalia supporting and advocating for quality midwifery education and religious networks in advocating for the end of harmful cultural practices namely FGM and child marriage.

### Monitoring and oversight activities

Monitoring activity	Date	Description	Comments & Recommendations
Field monitoring visit	At Quarterly level during 2021	<p>Due to the COVID-19 pandemic as well as for having a new Country Programme (CP) of Cooperation 2021-2025, UNFPA Somalia has not held its annual review and planning meeting with its implementing partners. Instead, the CO has adopted and utilized the remote and virtual-based bilateral meeting approach to discuss the progress as well as the implementation of the 2021 work plans development, endorsement and signing with all its partners. The CO has provided technical support and orientation sessions to all implementing partners to ensure high quality work plans that are in line with the new CP 2021-2025. Additionally, follow up meetings were conducted with the implementing partners to follow upon the first two quarters implementation of the signed work plans.</p> <p>Several field monitoring and supervision visits</p>	<p>The virtual based bilateral meeting approach has yielded good results which have assisted in the oversight, monitoring and follow up of implementation of the planned interventions as well as the reported progress toward the envisioned targets. The bilateral meetings included financial and monitoring review for all activities and interventions.</p> <p>The field and supervision field visits enhanced the programmes' staff to address the different technical challenges and barriers that faced the continuity and implementation of the different activities and interventions.</p>

		<p>were conducted by different thematic areas programmes' staff to ensure the implementation of the planned activities and interventions is going as planned.</p>		
<p>Project Board Meeting (Steering Committee)</p>	<p>@ Quarterly level during 2021</p>	<p>Although no project board meeting was not conducted, UNFPA has held virtual meetings with its partners and donor countries regarding its new CP 2021-2025 progress of the implementation during 2021.</p>	<p>These meetings resulted with a clear picture of the different thematic areas and programmes progress and implementation, which assure on the capacity of UNFPA and its implementing partners to achieve the intended results and targets as planned.</p>	
<p>DIM audit(UNFPA HACT Audits and Spot Checks)</p>	<p>March 2021</p>	<p>The 2020 HACT audits took place during early 2021 by an external international financial audit firm for UNFPA implementing partners. 18 implementing partners were subjected to 2020 annual audit exercise.</p>	<p>The HACT 2020 audit exercise ensured that all UNFPA audited implementing partners were very good, and no concerns or significant risks were found during the audit exercise. Several significant recommendations were provided to build on the good quality of the implementing partners' work and implementation.</p>	
<p>Independent evaluation</p>	<p>NA</p>	<p>No independent evaluation</p>	<p>NA</p>	

<p><i>Engineering site visit</i></p>	<p><i>@ Quarterly level during 2021</i></p>	<p><i>UNFPA has commissioned UNOPS to carry out regular engineering site visits for a major construction project in Mogadishu.</i></p>	<p><i>Work has been delayed due to administrative issues but has resumed normally.</i></p>	
<p><i>Stakeholder Review Consultation</i></p>	<p><i>Q1 and Q2 2021</i></p>	<p><i>Since the first period of the development of its new Country Programme (CP) of Cooperation 2021-2025, UNFPA has held several virtual meetings and consultations with its stakeholders including its implementing partners, donors and government institutions, which aimed to come with needed results and impacts at two levels: first: the development of the new CP 2021-2025; second: the sound-planning of the partners and implementing partners' work plans to ensure of having high quality of outcomes as a result of the implementation of the agreed and signed work plans interventions and activities.</i></p>	<p><i>These virtual meetings came out and resulted with significant results and impacts at two levels: first: the high quality of the new CP 2021-2025; second: the sound-planning of the partners and implementing partners' work plans along with associated action plans that enhance and promote the envisioned targets and end-results of the projects and interventions implementation.</i></p>	
<p><b>Communication activities</b></p>				

The UNFPA Country Office has intensified the production of print, audio and visual products. At least a tweet is posted every day with photos, and human-interest articles are published frequently on the UNFPA Somalia website. The Country Office is also publishing more press releases, opinion pieces, situation reports and monthly newsletters, amplified in the local and international media and through UN social media channels in Somalia. UNFPA Somalia also continues to post short videos and slides on Twitter and Facebook. UNFPA communication team and partners covered big two advocacy campaigns over social media and communications tools, one for MY DAUGHTER campaign regarding the FGM elimination, while the second for the 16 days of Activism to eliminate all types of GBV in Somalia. Along with this most of the donors' funded projects activities witnessed visibility materials and products reflecting the donors' logos and contributions.

## Section 5: Project management

Number of project board meetings held	Due to COVID 19 pandemic no physical PBM was conducted or organised. Most of the meetings were remotely based ones or bilateral meetings with partners and donors.																																																								
Number of UN staff (international/national) funded by the project	2 International and 28 Nationals <table border="1"> <thead> <tr> <th colspan="4">Summary of Number of staff charged to UDC46</th> </tr> <tr> <th>Month</th> <th>International Staff</th> <th>Local Staff</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>January</td> <td>1</td> <td>22</td> <td>23</td> </tr> <tr> <td>February</td> <td>1</td> <td>22</td> <td>23</td> </tr> <tr> <td>March</td> <td>1</td> <td>23</td> <td>24</td> </tr> <tr> <td>April</td> <td>1</td> <td>22</td> <td>23</td> </tr> <tr> <td>May</td> <td>2</td> <td>23</td> <td>25</td> </tr> <tr> <td>June</td> <td>2</td> <td>21</td> <td>23</td> </tr> <tr> <td>July</td> <td>2</td> <td>19</td> <td>21</td> </tr> <tr> <td>August</td> <td>2</td> <td>21</td> <td>23</td> </tr> <tr> <td>September</td> <td>2</td> <td>22</td> <td>24</td> </tr> <tr> <td>October</td> <td>2</td> <td>22</td> <td>24</td> </tr> <tr> <td>November</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>December</td> <td>0</td> <td>21</td> <td>21</td> </tr> </tbody> </table>	Summary of Number of staff charged to UDC46				Month	International Staff	Local Staff	Total	January	1	22	23	February	1	22	23	March	1	23	24	April	1	22	23	May	2	23	25	June	2	21	23	July	2	19	21	August	2	21	23	September	2	22	24	October	2	22	24	November	0	0	0	December	0	21	21
Summary of Number of staff charged to UDC46																																																									
Month	International Staff	Local Staff	Total																																																						
January	1	22	23																																																						
February	1	22	23																																																						
March	1	23	24																																																						
April	1	22	23																																																						
May	2	23	25																																																						
June	2	21	23																																																						
July	2	19	21																																																						
August	2	21	23																																																						
September	2	22	24																																																						
October	2	22	24																																																						
November	0	0	0																																																						
December	0	21	21																																																						
Number of government personnel funded by the project? What are their functions and where do they work?	Health services - total staff supported - 1046 staff supported as providers at health facilities Gender and Women - 20 working as providers, and managers for GBV units Youth - 9 working at Youth centres																																																								
How has the project ensured the visibility of SJF donors during the reporting period?	UNFPA ensures that all conducted and implemented activities and interventions have media coverage including social media platforms as well as the products with the logos and the contributions of the donor countries to the UNFPA projects and interventions.																																																								
Projected funding needs for next year																																																									

## Section 6: Cross-cutting issues

### Gender equality and women empowerment

- UNFPA's support to the passage of the FGM bill at Cabinet level is expected to contribute to strengthening the legislative framework for protection for women and girls against GBV. It is also hoped that when the FGM bill is eventually successfully passed by the Parliament, it will create a

momentum and accelerate similar efforts at other states and regions in Somalia. Women’s participation in governance is of utmost importance to delivering power to make decisions to improve the welfare of women and young girls in Somalia. UNFPA’s support to the establishment and operations of a Call Centre in Mogadishu is contributing to bringing attention and action to the rights violations of women candidates in elections. The Centre is also providing a much-needed platform to rally women and other stakeholders to advocate for the 30% quota for women in elections. UNFPA’s support to improving sex-disaggregated data and gendered information is contributing to informed policy, focus and targeting for development and humanitarian response. It has also contributed to improving funding for GBV-specific and integrated projects in Somalia. Additionally, UNFPA supports the female youth to engage and be part of the socioeconomic empowerment interventions within the youth employability and empowerment. Moreover, enhanced and supported the midwives’ role and studying as the first line of improving the health issues for mothers and babies.

2) Fill the below table:

Proportion of gender specific outputs in the project <Outputs designed to directly and explicitly contribute to the promotion of gender equality and women empowerment>	Total number of project outputs	Total number of gender specific outputs
	6	2
Proportion of project staff with responsibility for gender issues <All Staff members contracted to undertaken work for the Joint Programme who have gender related activities included in their terms of reference>	Total number of staff	Total number of staff with responsibility for gender issues
	70	10

### Human-rights based approach

1) The GBV programme implementation adopted the GBV survivor-centred approach which prioritises respect for the rights and wishes of the survivor and putting the needs of the survivor at the centre of service provision. The provision of clinical management of rape (CMR) services was done in line with protocols of safety and confidentiality to protect the identity of the survivors. Field officers from other clusters were trained to apply No-harm and non-discriminatory principles in receiving GBV disclosures from vulnerable women and girls and in providing referrals. Dignity and menstrual hygiene kits were also prioritised and distributed to ensure bodily integrity and improve mobility for vulnerable women and girls to access information and services that strengthen their resilience to GBV.

2) Fill the below table:

Has the programme included a protection risk assessment in its context analysis, including on gender issues, and taken measures to mitigate these risks to ensure they are not exacerbated, or new risks created?	Result
	Yes
Number of programme outputs specifically designed to address specific protection concerns	Result
	2
Number of programme outputs designed to build capacity of duty bearers to fulfil their human rights obligations towards rights holders.	Result
	4

### Leave no one behind



*UNFPA programmes and interventions including the country programme 2021-2025 were developed and designed based on joint consultations with all stakeholders and partners to ensure all population groups and segments are part of the development process. Additionally, the country programme ensures that people with disability as well as most vulnerable and marginalised population groups such as young females, child girls as well as the IDPs are part of the target populations under the programme intervention and activities.*

### **Social contract and legitimacy**

The project is already designed to address the relationship between the national institutions and the population beneficiaries that receive the services and support from their national government and institutions. In this regard, the UNFPA country programme in Somalia aims to serve this social contract and the legitimacy between the state and the population, especially, Somalia has taken important steps towards the establishment of a federal system of government with four new Federal Member States emerging in the past seven years.

The design of the programmes and interventions takes in the consideration the equality among all the population groups and to receive the equal treatment and rights without any discrimination or bias based on any race or cultural backgrounds. The government is responsible to ensure all population's needs and rights are in place and accessible by them.

### **Humanitarian-development-peace nexus**

UNFPA Somalia remains one of the core partners that provide financial and technical support to the Federal Ministry of Humanitarian Affairs and Disaster Management (MoHADM). UNFPA support focuses on the Ministry's capacity on preparedness and response to disasters, humanitarian coordination leadership. The Ministry established a Gender Unit that spearheads the advocacy for gender and gender-based violence issues within the national and sub-national humanitarian community. UNFPA through its partnership with MoHADM, other line ministries as well as with other national institutions works on the humanitarian action and the response to the natural disasters and the humanitarian crisis with the aim to stabilise and improve the situations for the people in Somalia and to bring better peace and reconciliation to the country taking in the consideration the crosscutting among the humanitarian, development and the peace and security in the country.

### **Environment and climate security**

UNFPA as part of the UNCT in Somalia works jointly with other UN organisations to address and respond to the priorities of climate change in Somalia. UNFPA has its humanitarian action and programme with dedicated specialists who work to respond effectively to the risks associated with the natural disasters such as droughts, floods, locust infestation or famine crisis and unstable security to ensure mitigate the climate change risks and negativity in Somalia on the life of the population, in particular the most vulnerable ones such as women, children and youth.

### **Prevention of corruption**

The project design has a risk management and analysis component as part of the planning, design and implementation phases, which puts in place the potential risks including the corruption and fraud ones part of that risk analysis and management. Additionally, UNFPA is a member in the Risk Management, Accountability and Quality Assurance (RMAQA) group, which leads the anti-corruption as well as the fraud threats and risks as part of the risk mitigation. This group provides invaluable support to keep the UN organisations in Somalia protected from any associated risk with corruption or fraud. UNFPA also has its HACT Assurance Approach that provides through several actions and modalities a protection and prevention from corruption of fraud risks. Such mitigation actions by HACT are the Micro Assessment for each potential partner/ IP that will be contracted with UNFPA, the Spot Check of the IPs' progress and fund utilisation as well as the HACT Audit as another mechanism to ensure no corruption or fraud within the implementation process by any side or partner.

### **Project sustainability**

UNFPA and its implementing partners put in place exit strategies for each intervention and project to ensure the sustainability of the project by having national ownership as a cornerstone for each exit strategy. The knowledge production and information and skills transferring from UNFPA and the implementing partners to the national

institutions and staff were embedded in the different exit and sustainability strategies that have been developed at the beginning of the project and programme design. In addition to that, UNFPA and its implementing partners work jointly through the capacity building component to transfer the knowledge, skills and experience to the national staff to ensure the needed professional staff at national level is available and can manage and implement the different interventions and projects. Moreover, UNFPA through the south-south cooperation partnership mobilises the technical capacities and good practises to the Somali national institutions and entities, which support the sustainability and the impact of the projects.

1) List in the below table the training activities undertaken during the reporting period:

#	Target group		Dates	Number of participants			Title of the training	Location of the training	Training provider
	Ministry, District or UN staff	Others		M	F	Total			
1	FMOH		Jan. to 10 Feb. 2021	4	25	29	Family Planning/VCAT training in Gedo	Luuq	UNFPA/PAC
2	FMOH		13-24 Feb. 2021	16	41	57	Family Planning/VCAT training in Galgaduud	Dhusamareb	UNFPA/PAC
3	FMOH		1 June to 2 July 2021	6	21	27	Family Planning/VCAT training in Banadir	Mogadishu	UNFPA/PAC
4	FMOH		20-22 March 2021	5	7	12	ICT Training on Family Planning Advanced Counselling Strategy Plus Tools	Mogadishu	UNFPA/PAC
5	FMOH		26-27 June 2021	15	7	22	FPIS review and consultative workshop	Mogadishu	UNFPA
6	South West State of Somalia		5th Sept-6th Oct, 2021	55	31	36	FP/VCAT	Baidoa	UNFPA/PAC
7	MOHD		5th Sept-17th Sept 2021	6		19	FP/VCAT	Hargeisa	UNFPA/MOHD
8.	PMOH		17th -30st December,2021	3		27	FP/VCA	Garowe	UNFPA/PMOH

9		Youth	8-9 May 2021	24	16	40	Youth Civic engagement and peace building	Kismayo	SOLO
10		Youth	14-16 June 2021	51	39	100	Capacity building workshop on sustaining peace and youth civic engagement.	Belet Hawo	SOLO
11		Youth	26 April 2021	5	10	15	Transforming community norms on child marriage	Afgoye	NOFYL
12		Youth	26 April 2021	5	10	15	Transforming community norms on child marriage	Daynile	NOFYL
13		Youth	17 April 2021	5	10	15	Transforming community norms on child marriage	Kismayo	NOFYL
14		Youth	25-29 June 2021	0	50	50	Training for Youth and girls champions in secondary schools on RH & Early Marriage	Hargeisa	Ministry of Youth and Sports
15		Youth	May to 30 June 201	0	50	60	Take-up skills training	Hargeisa	DHASCO Youth Center
16		Youth	May to 30 June 2021	30	50	90	Employability training	Hargeisa	DHASCO Youth Center
17	Ministries' staff		7-11 June 2021	9	6	15	Youth Policy formulation and implementation planning	Garowe	Naqodoon organization
18	Ministries' staff		14-18 June 2021	15	7	22	Youth Policy formulation and implementation planning	Mogadishu	Naqodoon organization
20	DGs' and Comms. Officers		19-22 June 2021	20	3	23	Leadership and Communication Skills	Mogadishu	Naqodoon organization
21		Youth-led	16-20 June 2021	10	10	20	Organizational management,	Hargeisa	Naqodoon organization

		organizat ons					adership, mmunication and ancial literacy			
22		condar School idents	May to 15 June 2021	90	90	180	chool sessions youth rights	Hargeisa, Burao and Borama	Somaliland Y-PEER	
23		oung Girls	1-30 June 2021	0	25	25	all businesses nagement and repreneurship ning for girls	Gebiley	Gebiley uth Center	
24		outh l Girls	25-29 June 2021	0	50	50	ining for Youth and ls champions in ondary schools on H & Early Marriage	Hargeisa	Ministry of outh and Sports	
25		outh l Girls	May to 30 June 2021	0	50	60	ke-up skills training	Hargeisa	DHASCO uth Center	
26		outh l Girls	May to 30 June 2021	30	50	90	mployability training	Hargeisa	DHASCO uth Center	
27		outh- led rganizat n and Civil ociety	n and 6th of Dec 2021	15	15		outh, Election and mocratization rond national ction	Mogadishu	UNFPA JNSOM FBA	
28		nistries' staff	7-11 June 2021	9	6	15	outh Policy mulation and plementation ning	Garowe	naqodoon ganization	
29		umanitarian actors	CCM ield orkers	May 2021	41	28	69	V Pocket Guide - V referrals	Somalia	UNFPA

30	Humanitarian actors	Protection Cluster, FSC actors	23 June 2021	00	40	140	CV Pocket Guide	Somalia	UNFPA
31	GBVIMS DGOs	GBVIMS actors	Feb. 2021	11	7	18	GBVIMS Primer	Somalia	UNFPA
32	Health and Social Workers	Health and Social workers	June 2021	0	20	20	Case Managers Training	Hargeisa	SLMNA
33	Community volunteers	Community volunteers	May 2021	20	32	52	CV	Hargeisa	SLMNA
34	IFP Members	IFP members	April 2021	10	7	17	CV in Emergencies	Mogadishu	UNFPA
35	Puntland Statistics Office		April 2021	8	0	8	Translation/analysis of qualitative survey data	Garowe	consultants at the Statistics Office
36	FGS, SL & L Statistics Offices		February to March 2021	4	0	4	Training in the development of Micro-ary data for SHDS	Mogadishu, Garowe and Hargeisa	UNFPA
37	Planning & Statistics Dept., MOHs and Ministries Planning SL, L and NBS		April	14	6	0	Training on analysis and interpretation of qualitative survey and report writing	Mogadishu, Garowe and Hargeisa	UNFPA
38	Ministries of Planning and Health Galmudug			8	5	13	Review, validation of statistical tables and report writing	Dhusamareb	Somali National Bureau of Statistics and UNFPA
39	Ministry of Planning and Health Hirshabelle			8	4	12	Generation and review of statistical tables	Beletweyne	Somali National Bureau of Statistics and UNFPA
40	Law enforcement		August 2021	60	30	90	Training workshop for law	Burao, Hargeisa, Bebera	Ministry of Social and

	nt agencies						enforcement agents on GBV		Family Affairs
41	PSS and social workers		November 2021	10	51	61	Orientation on psycho-social counseling	El-Afeweyn	Ministry of Social and Family Affairs
42	Imams		November 2021	30		30	FGM and Islam	Mogadishu	NUSOOJ
43	SNBS	Technical and Statistical staff	20-28 Feb. 2021	5	0	5	Microdata library development	Mogadishu, Somalia	Population Dynamic s Team (UNFPA)
44	SNBS	Technical and Statistical staff	12-14 March 2021	13	2	15	Somali Health and Demographic Survey Galmudug State report data validation and report validation	Virtual - Zoom	Population Dynamic s Team (UNFPA)
45	SNBS	Technical and Statistical staff	1-6 June 2021	10	2	12	Somali Health and Demographic Survey Hirshabelle State hands on training in report drafting	Jowhar, Hirshabelle State Somalia	Population Dynamic s Team (UNFPA)
46	SNBS	Technical and Statistical staff	1-6 June 2021	9	1	10	Somali Health and Demographic Survey Jubaland State hands on training in report drafting	Kismayo, Jubaland State Somalia	Population Dynamic s Team (UNFPA)
47	SNBS	Technical and Statistical staff	10-26 Dec 2021	9	2	11	Somali Health and Demographic Survey South State hands on training in report drafting	Baidoa, Southwest State Somalia	Population Dynamic s Team (UNFPA)
48		Youth	12- 16 July 2021	58	62	120	Entrepreneurship training	Mogadishu	IRISE
49		Youth	3 -5 October 2021		20	20	Life skills and Citizenship education	Garowe	Y-PEER
50		Youth-led Organisation	30– 2 July 2021	29	21	50	Capacity Building for Youth-led organisations	Garowe	Y-PEER

51		Youth	December, 13-15, 2021	7	8	15	Life skills and Citizenship education	Kismayo	Y-PEER
52		Youth	1-30 September 2021	53	27	80	Multimedia, Communication Skills and Social Media Training.	Hargeisa	SOHASC O
<b>Total number of participants</b>									

## Section 7: Looking ahead: Focus on the future

UNFPA programmes are in tandem with the UN Multi-Partner Trust Fund (UN MPTF) as it promotes integration and collective action and joint programming through a pooled funding mechanism. The MPTF ensures complementarity by different UN agencies in areas of expertise that lead to greater efficiencies in delivering services to the people of Somalia. As a result, country priorities are delivered in a coordinated and streamlined manner.

The overall goal of the new UNFPA country programme for Somalia for 2021 to 2025 is to improve the quality of life and wellbeing of women, adolescents and youth, and the most vulnerable populations. The new country programme is aligned with Somalia's ninth National Development Plan (NDP 9). It continues to focus on the four key areas of UNFPA, namely sexual and reproductive health and rights, gender equality and empowerment of women, adolescents and youth, and population dynamics.

## Section 8: Human interest story: Voices from the field

There is an improved acceptance to the uptake of services as can be attested by interviews from beneficiaries, especially young people keen to join youth programmes in youth centers and be part of volunteerism and peer-to-peer programmes.

More women are seeking reproductive health services, including family planning services and skilled attendance at birth.

Human interest story:

<https://somalia.unfpa.org/en/news/quality-emergency-reproductive-health-services-communities-affected-cyclone-gati>